

Patient Bill of Rights and Responsibilities

This Patient Bill of Rights and Responsibilities ensure respectful, safe, and confidential care while defining the patient's role in their treatment. Patients have the right to informed consent, privacy, and quality care without discrimination, while bearing responsibility for providing accurate information, following treatment plans, and respecting all CloseKnit staff.

As a patient, you have the right to:

- Be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your privacy.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for your care.
- Be informed about available patient support services, including whether an interpreter is available if you do not speak English.
- Bring any person of your choice into the patient-accessible areas of the facility or virtually accompany you during treatment, unless doing so would compromise the safety or health of the patient, other patients, or staff, or cannot be reasonably accommodated.
- Know what rules and regulations apply to your conduct.
- Receive information from your provider regarding your diagnosis, the planned course of treatment, alternatives, associated risks, and prognosis.
- Refuse any treatment, except as otherwise provided by law.
- Receive, upon request, full information and necessary counseling on the availability of known financial resources for your care and that of your family.
- Obtain, upon request and prior to treatment, a reasonable estimate of charges for medical care.
- Receive a copy of a reasonably clear and understandable, itemized bill and, upon request, have the charges explained.
- Have impartial access to medical treatment or accommodation, regardless of race, national origin, religion, disability, or source of payment.
- Receive treatment for any emergency medical condition that could worsen if not treated.
- Be informed if medical treatment is for purposes of experimental research and to give consent or refuse to participate.
- Know, upon request and in advance of treatment, whether the provider accepts the Medicare assignment rate.

Patient Responsibilities:

- As a patient (or guardian), you are responsible for:
- Providing, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to your or your child's health.
- Reporting unexpected changes in your condition to the provider.
- Informing the provider whether you understand the proposed course of treatment and what is expected of you.
- Following the treatment plan recommended by your provider.
- Being respectful to all providers, staff, and other patients.
- Refraining from verbal harassment, physical abuse, or threats of violence toward providers or staff.
- Keeping scheduled appointments and arriving on time or notifying the office promptly if you are delayed or unable to keep an appointment.
- Accepting responsibility for the consequences if you refuse treatment or do not follow the provider's instructions.
- Ensuring that the financial obligations related to your care are met as promptly as possible.
- Ensuring that you see your primary care provider at least every 90 days for controlled substances purposes.
- Ensuring that you do not call between appointments, or at night or at the weekends looking for refills. Understanding that prescriptions will be filled only by my Primary Care Physicians (PCP) unless they have designated another provider while they are on vacation or leave.
- Understanding when it comes to controlled substances, you may be asked to come in for random drug testing and counting of pills and agree to come to the office within 24 hours of being contacted. It is your responsibility to ensure the office has your current contact information. Failure to comply may result in discontinuation of your treatment.
- Understanding that you may lose my right to control substance treatment by CloseKnit if you break any part of your responsibility.
- You agree not to take your medication more often than prescribed. If the medication is not effective or causes unexpected side effects, you will contact CloseKnit rather than adjust the dose on your own.
- You understand that controlled substances are at high risk of theft, and you are responsible for protecting your medication. You will store all medications in a secure place, out of reach of children and individuals unable to use them safely.

- Understanding that your healthcare provider fully cooperates with all law enforcement agencies and that your healthcare provider will report any suspicious activity for further investigation. Patient/Provider confidentiality (HIPAA) does NOT prevent CloseKnit from providing pertinent information to law enforcement agencies.
- Understanding that your healthcare provider may adjust the dosage or discontinue your medication if they feel continuing the therapy presents a danger to your safety and well-being, if you are no longer receiving reasonable therapeutic effect or in any way you are no longer a good candidate for the medication.
- Understanding that you will not alter your medication in any way (i.e. chewing or crushing tablets) or use any other route to administration (i.e. injecting or snorting), other than as prescribed by the provider. Potential toxicity could occur due to rapid absorption, which may lead to death.
- **Female Patients Only** – For female patients of childbearing potential: Acknowledge that you have been informed of the potential risks that controlled substances may pose to a developing fetus. Understand that these medications can cause serious harm during pregnancy.
- Understanding, allowing and granting permission to the healthcare provider to contact any pharmacy, medical provider, or hospital to specially discuss your medication and ensure continuity of care. If you receive any controlled substance from another provider, including emergency room doctors or other specialists (excluding inpatient hospitalization) you will notify a healthcare provider within 72 hours.
- Understanding and acknowledging that certain controlled substances may interfere with your ability to drive, operate machinery or think coherently. Understanding and agreeing that though most patients are medically capable of these activities once they have adjusted to taking their medication. However, laws in most states consider anyone while taking sedating medication(s), to be driving under the influence (DUI).

Complaints & Grievances:

If you experience a concern that is not resolved to your satisfaction, you are encouraged to file a complaint with the office manager or submit it online. All complaints are documented, and appropriate action is taken promptly to address the issue. You may also file a complaint by calling:

Ethics & Compliance Department: 833-671-9548

An assistant can help file a complaint on your behalf. Once submitted, your complaint will be thoroughly reviewed, and you will be informed of the outcome.

You can also file a complaint with the

U.S. Department of Health and Human Services (HHS) and the Office for Civil Rights (OCR) is:

Phone Number: (202) 690-6343

Mailing Address

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201